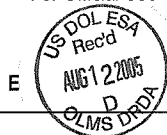


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5604</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>BRUCE</u> <u>E</u> <u>RANGE</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>4800 MUELLERS LANE</u> City <u>FREEBURG</u> State <u>ILL.</u> ZIP Code + 4 <u>62243</u>	4. Name, file number, and address of labor organization. Name <u>SHEET METAL WORKERS' 202</u> Labor Organization File Number <u>542-330</u> P.O. Box, Building and Room Number, if any <u>ROOM 228</u> Street <u>300 SOUTH GRAND BLVD.</u> City <u>ST. LOUIS</u> State <u>MO.</u> ZIP Code + 4 <u>63103</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value **from an employer whose employees your organization represents** or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>
--	--

Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Bruce E. Range

On

8-11-05  
Date

618-539-5967  
Telephone Number

Name of Person Filing

DANCE E. RANKE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name U.S. BANKTrade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 387Street MAIL CODE SL-TW-161TCity ST. LOUISState MO. ZIP Code + 4 63166

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SHEET METAL WORKERS' 702 PENSION FUNDTrade Name, if any: P.O. Box, Bldg., Room No., if any ROOM 228Street 300 SOUTH GRAND BLVD.City ST. LOUISState MO. ZIP Code + 4 63103

11.a. Nature of such dealing.

FINANCIAL CUSTODIAN  
INVESTMENT PORTFOLIO

11.b. Approximate dollar value of such dealing.

\$25,555,015

12.a. Nature of interest held or income received.

GIFT TWO (2) HOCKEY TICKETS  
75 X 2 = \$150.00

12.b. Amount.

\$150

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name CHARTWELLTrade Name, if any: VENDING & FOOD SERVICE INC.P.O. Box, Bldg., Room No., if any Street 2800 WASHINGTON BLVDCity ST. LOUIS 1State MO. ZIP Code + 4 63103

14.a. Nature of payment.

GIFT FIVE (5) HOCKEY TICKETS  
\$25 X 5 = \$125.0013.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$125



Mr. Bruce Range  
4800 Muellers Lane  
Freeburg, Il. 62243

August 11, 2005

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW Room N-5616  
Washington, DC 20210

To Whom It May Concern:

The information contained in the enclosed LM-30 report is based on my best effort to make a good-faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 report.

Sincerely,

  
Bruce E. Range